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ABSTRACT

This paper presents a comprehensive three-dimensional view of counseling which incorporates nonformal and informal counseling modes. Several specific issues in cross-cultural counseling are cited and the distinction between the process of counseling and its functions is discussed. Case examples of the use of nonformal and informal counseling modes from Micronesia, Laos, and Samoa are presented to illustrate the effectiveness of clients' natural support systems which the counselor can use in combination with, or instead of, more traditional techniques. A three-by-three matrix of counseling services is presented which uses the three dimensions of counseling, i.e., formal, nonformal, and informal, in an interactive system of the place where the counseling occurs and the methods by which counseling is provided. A simulated role play of a counseling interaction between an Hmong refugee who had lost his traditional network of social support and an interpreter/teacher who implements the three dimensional model is presented. Implications of the use of the three dimensional model are discussed. (JAC)

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INTEGRATION OF FORMAL, NONFORMAL AND INFORMAL SUPPORT SYSTEMS

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Three Dimensional Counseling: The Formal, Non-Formal and Informal Modes

Paul Pedersen

In a global context, formal therapy is one of the more exotic means of delivering a mental health service. In much of the world's population there has been much more reliance on the non-formal and informal methods of mutual assistance. Although there is an extensive literature on non-formal education, there is much less written about non-formal and informal modes of therapy. Even in the urban, Westernized, Euro-American context sometimes referred to as the "dominant culture" there is considerable reliance on non-formal resources for counseling and therapy functions. Non-formal and informal counseling modes are essential for good teaching, good supervision, or even good administration as well as in competently managed counseling skills.

When we see mental health in a cross cultural perspective the importance and need for a comprehensive three-dimensional view of counseling becomes more apparent. (1) We need to accommodate more than one definition of "normal" behavior in the multicultural context without losing the meaning of mental health in subjective relativism. (2) We need to recognize non-individualistic systems where the social group or family is the basic unit of social behavior. (3) We need to accommodate systems that go beyond the boundaries of life and death toward a more cosmic wholistic perspective. (4) We need to understand the extent to which a person's self identity is interactive and even shared by elements of that person's context. (5) We need to articulate the positive advantages of dependence and the negative implications of independence in

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cultures where group solidarity is a primary value. (6) We need to endorse the effectiveness of family and peer support or at least not erode them by substituting the purchase of friendship through counseling services in formal contexts. (7) We need an epistomology that goes beyond the linear cause-effect relationships of direct intervention to include the non-linear and indirect approaches to counseling. (8) We need to recognize when counseling should change the system to fit the individual in a more activistic mode rather than always try to change the individual to fit the system. (9) We need an historical perspective of how people received psychological help in the thousands of years before we knew about counseling. (10) In an era of diminishing resources we need to recognize the dangers of a closed, biased and culturally encapsulated system that promotes domination by white, middle class, urban, socio-economic and political values. (Pedersen, 1977, 1981, 1982).

The first task in looking at non-formal and informal modes of therapy is to make a distinction between the labels of counseling or therapy and the functions. In many instances the functions of therapeutic support are clearly evident even though the familiar labels of therapy are not. Some individuals who function very effectively as non-formal or informal counselors would not be complemented by that title. In part this condition reflects the way in which counseling and therapy has allowed itself to be isolated by formal definitions. In part this condition also reflects the pervasiveness of counseling and therapy functions throughout our lives. Finally, the formalities of

counseling and therapy have alienated a significant share of the "minority" population who do not have access to formal counseling services.

While working among the mental health workers in Micronesia in a training workshop, the definition of mental health came up for discussion. Most of the workers were trained as teachers, medics, or simply selected by popular demand. In each case, however, they represented the only source of formal mental health service available to large island areas in Micronesia. Their word for "crazy" was "the Western disease." If and when someone acted out in a truly bizzare manner they were said to have caught the "Western disease." One young man described a situation in which he had been called to a nearby island to bring back a villager for treatment who was threatening all his neighbors with a long knife. The young man first purchased a package of cigarettes (although he did not smoke) and then canoed over to the island. Neighbors pointed out the house of the violent villager and he walked toward that house. The villager ran out at him swinging the knife and shouting angrily. The young man's response was to greet the villager in the villager's own dialect and hold out the opened package of cigarettes. The villager immediately calmed down and they sat to talk and smoke for a period of time before both men canoed back to the main island for hospitalization and treatment. The young man knew what to do but he didn't know why.

The second task of the therapist is to apply an ethno-methodology to the delivery of mental health. By attending to the ethos or cultural context of a client's total natural support system the impact of counseling and

therapy can be magnified many times over. The client is surrounded by a great many other influences outside the counseling relationship which can either be co-opted into the therapy relationship or ignored. If, however, that natural support system of non-formal and informal sources of influence turns against the counseling relationship, the counselor will have a difficult, if not impossible task. Somehow the counselor has to gain the confidence not just of the isolated client but the client's network of support.

A Laotian trainee in the NIMH training program DISC (Developing interculturally skilled counselors) in Hawaii became disillusioned with traditional counseling and therapy services as applied to Indochinese refugees. Typically the wife became breadwinner and more dominant in the household of refugee families while the husband's frustration would more frequently result in wife-beating and arguing. In the formal system the wife was typically taken to a "safe house" out of the husband's reach and the net effect was the distruction of the family. As an alternative mode of mental health service, the Laotian trainee organized a meeting of the arguing husband, wife, family and significant friends into a sizeable group. Using a modified form of "ho'oponopono" from traditional Hawaiian family therapy, the group itself determined what should be done and the group enforced its decision. The family remained significantly united and the conflict was contained with the support of the system. There are other examples as well of bringing the natural support system into the therapy relationship. There are a variety of other family network therapies

for Asian (Hsu, 1972), American-Indian (Trimble, 1981), and Pacific cultures (Nishihara, 1978).

A third task for the counselor is to recognize when the non-formal or informal modes of therapy might be more appropriate than formal therapy. There is a point at which formal counseling or therapy is not the preferred source of help. Raymond Prince distinguishes between the "endogenous" or within and the "exogenous" or outside the system resources. The more developed countries have tended to rely more on exogenous outside resources for mental health services. There are specialists to provide that function. The less developed countries have not been as dependent on mental health professionals partly due to the expense of formal care and partly because of the tendency to prefer non-formal and informal resources, although a Shaman, for example, would also be a specialist. Prince goes on to point out that even the exogenous, outside expert can only be effective by or through mobilizing the endogenous inside resources of the person or of the group. We are in a position to learn much from cultures that have developed sophisticated non-formal and informal mental health support systems of the non-formal or informal modes.

A Samoan patient in the psychiatric ward of a Honolulu hospital was described as hallucinating. A Samoan trainee in the DISC was asked his advice on how to proceed with treatment. In interviewing the patient the Samoan trainee learned the "hallucinations" related to regular conversations the

patient would have with his dead grandmother. The grandmother, even though deceased, continues to have much power and authority in Samoan culture and it would not be that unusual for someone to communicate with their dead grandmother. The Samoan trainee brought in a Samoan chief who helped clarify the "messages" from the grandmother and the patient showed immediate improvement. Eventually, the patient was discharged and continued treatment with traditional Samoan healers.

The three dimensions of counseling into a formal, non-formal and informal modes suggest an interaction between the place where the counseling occurs and the methods by which the counseling is provided. We then have a three by three matrix describing a three dimensional range of counseling services.

Figure 1 about here

There is a lot of literature on the importance of "person-in-context" for counseling theories, although there are fewer guidelines for how to implement that principle in the practice of counseling. A context would normally refer to the place where counseling was occurring with the more formal context involving more rules, structures and definite expectations. A method would normally refer to the approach taken in providing mental health services, with the more formal methods being more specialized, professionalized, and regulated for minimum competency. Non-formal and informal methods would indicate increasingly fewer degrees of structure, specialization and regulation.

Non-formal and informal contexts would indicate increasingly fewer degrees of structures, rules and definite expectations.

A formal method/formal context could describe the psychotherapist specialist working with a paying client in a scheduled office interview.

A formal method/non-formal context could describe the psychotherapist or specialist working by invitation or appointment with a client in the client's home, office or community setting.

A formal method/informal context could describe the psychotherapist or specialist being consulted on a personal problem by a friend or relative at a party or on the street.

A non-formal method/formal context could describe a person untrained to do therapy (by degree or experience) being asked for psychological help while providing a professional service, training, or presentation.

An informal method/formal context could describe how a listener might receive considerable assistance on solving a psychological problem from a formal scheduled presentation or activity even though that was not the explicit intention of the program.

A non-formal method/non-formal context could describe one of the various support groups organized by persons to help one another through regular context and an exchange of ideas even though none of the participants are trained in therapy.

An informal method/informal context could describe those situations in daily encounters where we receive help spontaneously and unexpectedly from our contacts with other people, whether that help was intended or unintended.

A non-formal method/informal context could describe self help groups and popular psychology as a resource.

An informal method/non-formal context could describe help received by family and friends.

The comprehensive picture of counseling as a three-dimensional interaction is important as a means of classifying the variety of sources through which we receive psychological help. First, without an adequate framework to identify the variety of resources it is likely that we will rely too heavily on more formal and obvious support systems and ignore the less obvious informal alternatives. Second, if we seek to apply mental health services to culturally diverse populations we will need to translate those services into culturally appropriate applications. Third, any formal intervention to provide psychological help needs to accommodate the balance of other non-formal and informal influences on which the client also depends. While the three dimensional framework highlights the complexity of psychological help it also implies the importance of balancing both the method variables and the context variables prescriptively.

Let us consider the counseling analogue of a U.S. national courselor working with a Laotian (Indochinese) client and a Laotian interpreter. It is important to recognize first that the client's radical relocation from Asia has destroyed many of his traditional formal, non-formal and informal support systems. Second, he is not entirely comfortable with the alternatives for help available to him in the U.S. Third he is attempting to adapt as best he can to the new and strange U.S. context.

The problem in this similated role play relates to an actual Hmong refugee. The Hmong are highland people of Laos many of whom become refugees. The client recounts several concerns of a physical, psychological and spiritual nature. Physically, the client has suffered abdominal pains and backaches which led to an unwanted operation. "Strange" behavior suggests that the client's psychological state may have been affected. For example, he had been seen walking down the street wearing two or three pairs of pants, sometimes forgetting to look at traffic lights or cars. He also has followed strangers in town. The most significant problem however, is the loss of everything familiar in having to flee Laos as a refugee. This alienation has disrupted his spiritual well being. The client, consequently, attributes all his present problems to the ill-doings of spirits. Thus, the counseling dilemma is how to help this person within the context of his cultural beliefs and expectations when no traditional healer or familiar support system is available.

Interpreter/Teacher

C: I'm glad you came, maybe I can help you out. What you probably should do is give me some context of why you are here. That way, we can work on the problem.

Cl: Lately...by the way, let me tell you a little bit about my background. I am a refugee from Indochina and I have been living here in Hawaii for about six months now. Lately, I've been having a lot of problems and I do not know who to turn to. So, when I talked to my friend here, he suggested that I come to see you. I understand that your work here is comparable to the traditional medicine man that I used to see back in my country.

C: OK. I hope maybe I can help you in the same way that you'd be helped back home in your home country. You want to tell me something about your problem?

Cl: Yes, well there actually are many, many problems that I do not know where to start, but let me see if I can begin with something. First of all, when I came here, I came alone, without my family, and I am also a single person. So when I came here, I began to feel very lonely, and as time goes by, I begin to lose my appetite. I cannot sleep, I cannot eat, and then I've just got a lot of body ache, particularly on my back and abdomenal section. And from there, again, my friend here suggested that I see a doctor. So I went to see the doctor and he sent me to the hospital for xrays. So after that, they told me that I had some problem in the backbones. So they told me that they would do

an operation on that, and I had agreed to, but then I do not know how serious it is. And about three or four days -- when I actually remembered what was going on -- by that time they already told me that they had taken a piece of my backbones out. And I've been very weak, I do not have the strength that I used to have, anymore, and, in addition to that, I also have a lot of fear, a lot of insecurity because I do not have anybody there to depend on or help me.

C: OK.

I: What you are saying also is that you are not very happy that they took the bone out of your back.

Cl: Yes, because to me, that is not good. I am not completely myself anymore.

C: OK, so what I feel now, or the information you've given me so far, is that you had an operation and it was a little bit more major then what you thought it was going to be. I mean, the doctor did more work on your back then you thought you had done. You're also new to the country, having been only here for six months. So you're kind of insecure, kind of lonely? Does that, is that a good word that I can use? Um...

Cl: Yes, sir.

C: Um, have I left anything out?

Cl: No, I think you covered what I had told you. And, in addition to that, I also have some other problem because after the operation, I began to worry about myself and my future life, very, very, much. I do not know what to do, so I spend days and nights thinking about: what am I going to do with myself? And, I could not eat, as I said before, I could not sleep, so I kind of stay

"half-way" (half awake) all the time. And this leads to a lot of things that I have in my mind: at times I can see my grandparents who have died many years ago, or my friend who has been in the army together with me who has been killed. And they are all there happily and they keep calling my name, and waiting to see me.

I: What he's saying is he's stuck because he worries so much about his life and so forth that, you know...in this culture, when you start seeing things -- especially your member of the family or your close friends who died -- that means that his life is also going down the drain. That he will die soon. If it were back home, that's what would happen.

C: OK. So that's what having those visions means in your culture. Maybe what I can do is kind of feedback to you what that would possibly mean in this culture, and you might have a better understanding of how that's handled. And maybe you can help me out. Um, it seems like they could be seen as visions of your grandparents or hallucinations. Or some psychologists might use the word delusions -- things like that. They have been helped in the Western culture a lot of times just through talking therapy or getting into some new type of occupation, some new type of environment might relieve those visions. (To Interpreter) I don't know if I'm getting this across to him, but maybe you can...

I: What he's saying is that, ya know, things like that happen in this country, also, but it's not as serious as it would be if it happened in our country. Because they can do things, ya know, patients with that kind of problem can be helped...Is that what you are saying?

C: It can be just as serious; I wouldn't put it off, saying that it's not as serious, it can be just as serious -- but work can be done to help make life a little bit easier for you. Um...

Cl: If anything can help me, I will appreciate it very much. You see, back home, when we have something like this, we usually go to the traditional medicine man and he will either give us some medicine or he will chant. And, with his chant, all the spirits will go away and that way, he can save our life. But here, I do not know of anybody who can do these sorts of things. So I hope that you can help me.

C: Well, um...

I: What he's saying is that, you know in this particular culture, when you see those things, ya know -- the spirits coming close to humans -- can cause harm to the living. So, we have traditional healers (or whatever you call in this country). We have a whole ceremony to chase the spirits away and, whatever, and then he would be cured. That means he would not see those again and so forth.

C: OK. You did answer a question I was going to ask you: if there were any other traditional healers here who could help you, say, in the chanting, through chanting. I myself don't feel that I could possibly help you there. But I did have another question -- Are there any friends here, that you see often, that might be able to help you through this period of loneliness, or help you recover also, since you have to recover from the physical ailment, too -- the operation. Do you have any friends here, or are you completely alone?

Cl: Well, I have friends that come from the same country, here, and they do drop by once in awhile to visit. But, as you know, in this country everybody is very busy, and they can only come when they are not working. And, I only see those friends, once, maybe once a week or once every two weeks, or like that. So...

I: But, I don't think that you are getting to the problem that he has, ya know -- the traditional healers and those things -- the real problem is not with the friends as yet.

C: The real problem is with the traditional healers and their way in which they would handle the problem? Is that what you're trying to say?

Cl: Ah, yes...

I: Do you think that he is getting to the real problem as yet?

The interpreter first offers what he believes to be an important concern, underemphasized by the client. He tentatively suggests taking out a bone from the client's back was in part a spiritual problem of being "incomplete" for all eternity. This crisis would have been much more easily understood in the client's own cultural context. The counselor assumed that this deficiency could be remedied by either bringing in a traditional healer or through the counselor's "acting as" a traditional healer, with either alternative being an inadequate substitute to a more wholistic support system context.

The interpreter provided additional insight, when he explained how the client's visions were part of his "reality" and were subject to a valid interpretation from the client's traditional perspective where ghosts and spirits are more readily accepted. Although the counselor could understand part of what the client and interpreter were saying it was hard for the counselor to escape his own culturally biased assumptions about reality and hallucination.

In terms of counseling method we see how dependent the counselor is on direct counseling approaches and particularly on questions rather than indirect, observation or other less explicit styles of intervention, as with the use of silence in an interview. Given the array of potential problems such as cross cultural adjustment, illness, surgery, recovery, dreams, the counselor tended to attend those symptoms which were most congruent with the counselor's perspective. Consequently, the interview was guided toward a formal context/formal method alternative when other modes might have been more appropriate.

The very fact of the Laotian client being in counseling at all was rather remarkable. One may assume that this was a last resort alternative after all other possibilities had been tried unsuccessfully. Counselors who are accustomed to the formal method/formal context alternative as their preferred mode of service might easily underestimate the impact on a client unfamiliar with that particular mode. Although each culture has its own variety of formal methods and designates its own hierarchy of formal contexts the more formal the context and or method is the more it is defined and constrained by the host culture. Therefore a client accustomed to formal treatment by a highly trained and skilled Shaman (formal method/formal context) may not be comfortable in a psychiatrist's office.

Can a Western counselor untrained in Hmong culture help a Hmong client? This can only happen by working with the client's cultural context and with a range of methods suitable to the formal, non-formal and informal modes. The client should not be required to meet the therapist more than half way.

In practical terms the three-dimensional model may be used: (1) to identify clinically appropriate interventions, (2) to classify variables important to explain psychological aspects of a situation or case study and (3) to develop and transfer skills for providing counseling and therapy to the person in a context. This framework seeks to go beyond the labels of counseling and therapy as we normally define them to look at the functions by which mental health services are provided. As a very preliminary framework it will require much more development and rigorous design.

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Figure 1

A three dimensional model of counseling services

Context	Method: Formal	Method: Non-Formal	Method: Informal
Formal	Office scheduled therapy	Mental health training	Mental health presentation
Non-Formal	Community mental health service	Support groups	Family & friends
Informal	Professional advice	Self help groups	Daily encounter